

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00411553

3. IS THIS REPORT ☐ NEW (N) OR ☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☒ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ PRE-Election Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) ☐ POST-Election Report for the:

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

06

20

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		409043.60
(b) Cash on Hand at Beginning of Reporting Period.....	394765.22	
(c) Total Receipts (from Line 19) .....	69725.87	210947.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	464491.09	619991.08
7. Total Disbursements (from Line 31) .....	15217.83	170717.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	449273.26	449273.26
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
04		30		2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

43664.91

138501.14

(ii) Unitemized .....

17890.02

62303.45

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

61554.93

200804.59

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

61554.93

200804.59

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

670.94

2642.89

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

7500.00

7500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

69725.87

210947.48

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

69725.87

210947.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	717.83	2667.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	717.83	2667.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	168000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	50.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15217.83	170717.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15217.83	170717.82

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61554.93	200804.59
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61554.93	200754.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	717.83	2667.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	670.94	2642.89
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	46.89	24.93

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB  
.

Form/Schedule: F3XA  
Transaction ID :

Amended to capture March amended filing

Form/Schedule:  
Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan M Anderson MD**

Mailing Address 223 N 7Th Ave

City

Canistota

State

SD

Zip Code

57012-2041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715976**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Evan Ashkin MD**

Mailing Address 1528 Pinecrest Rd

City

Durham

State

NC

Zip Code

27705-5817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNC Chapel Hill

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 22 / 2014

**Transaction ID : C2720266**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**c. Gordon Hugh Baustian MD**

Mailing Address 3864 Lost Valley Rd SE

City

Cedar Rapids

State

IA

Zip Code

52403-2008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : C2709829**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1165.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. D Michael Michael Baxter MD**

Mailing Address 301 S 7th Ave  
Ste 200

City State Zip Code  
West Reading PA 19611-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2704149**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John L Bender MD**

Mailing Address 4674 Snow Mesa Dr Ste 140

City State Zip Code  
Fort Collins CO 80528-8614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Miramont Family Medicine

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703834**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Jerome W Bentz MD**

Mailing Address PO Box 873

City State Zip Code  
Platte SD 57369-0873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Platte Health Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703866**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Wendy S Biggs MD**

Mailing Address 11400 Tomahawk Creek Pkwy

City State Zip Code  
 Leawood KS 66211-2680

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : C2704170**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **B. Karla L Birkholz MD**

Mailing Address 6320B W Union Hills Dr  
 Ste 2300

City State Zip Code  
 Glendale AZ 85308-7112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Your Family Physician

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : C2722057**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City State Zip Code  
 Kingsport TN 37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ETSU

Professor, Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : C2713465**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mott Parks Blair MD**

Mailing Address 411 E Westbrook St

City

Wallace

State

NC

Zip Code

28466-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

**Transaction ID : C2704709**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Edward Asher Blumen MD**

Mailing Address 1720 Maple Ave

City

Evanston

State

IL

Zip Code

60201-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2014

**Transaction ID : C2710019**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. E Chris C Bush MD**

Mailing Address 8597 Marquette Dr

City

Grosse Ile

State

MI

Zip Code

48138-1567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 28 / 2014

**Transaction ID : C2722054**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dennis M Carroll MD**

Mailing Address 1380 1500th St

City  
Lincoln

State  
IL

Zip Code  
62656-5127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716012**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Lee Marvin Carter MD**

Mailing Address PO BOX 506

City  
Huntingdon

State  
TN

Zip Code  
38344-0506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725438**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Steven A Crawford MD**

Mailing Address 900 NE 10th St

City  
Oklahoma City

State  
OK

Zip Code  
73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.64

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 23 / 2014

**Transaction ID : C2720315**

Amount of Each Receipt this Period

416.66

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

816.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ciprian Crismaru MD**

Mailing Address 1591 Dexter Lake Dr  
Apt 203

City State Zip Code  
Cordova TN 38016-1305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722083**

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

**B. John S Cullen MD**

Mailing Address PO Box 2504

City State Zip Code  
Valdez AK 99686-2504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2704146**

Amount of Each Receipt this Period

692.00

Full Name (Last, First, Middle Initial)

**c. Liana T Dao MD**

Mailing Address 230 Riverside Dr  
Apt 11P

City State Zip Code  
New York NY 10025-6192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722070**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1148.25

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John D Davis MD**

Mailing Address 171 Honey Creek Ranch Rd

City State Zip Code  
Hunt TX 78024-3080

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : C2709363**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Jason B Dees MD**

Mailing Address 620 W Longview Dr

City State Zip Code  
New Albany MS 38652-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Magnolia Health Plan

Chief Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703902**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Derksen MD**

Mailing Address 9920 N Desert Sky Pl

City State Zip Code  
Oro Valley AZ 85737-6842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704710**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 14 OF 48  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Thomas Edwin Evans MD**

Mailing Address 11082 N Radio Station Rd

City State Zip Code  
 Seneca SC 29678-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : C2704896**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Thomas Allen Felger MD**

Mailing Address 51181 Kings Xing

City State Zip Code  
 Granger IN 46530-8812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : C2703879**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City State Zip Code  
 York PA 17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Strategic Health Institute

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : C2722087**

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1215.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 15 OF 48  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Conrad L Flick MD**

Mailing Address 103 Greenway Overlook

City State Zip Code  
Cary NC 27518-9053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medical Associates of Raleigh

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703828**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. S Gay Freeman MD**

Mailing Address 94 Morton Rd

City State Zip Code  
South Chatham MA 02659-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : C2708520**

Amount of Each Receipt this Period

1100.00

Full Name (Last, First, Middle Initial)

**C. Corrine M Ganske MD**

Mailing Address 840 E University Ave

City State Zip Code  
Des Moines IA 50316-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health Des Moines

Occupation  
Residency Program Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722051**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael Edward Grady MD**

Mailing Address 220 Tillicum Dr

City

Silverton

State

OR

Zip Code

97381-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael Grady

Occupation

family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 30 / 2014

**Transaction ID : C2725428**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Gregory G Grant MD**

Mailing Address 2728 Old Town Trl

City

Shawnee

State

OK

Zip Code

74804-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722045**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Lynn S Gray MD**

Mailing Address 9875 Wildberry Ln

City

Berrien Springs

State

MI

Zip Code

49103-9154

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704700**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Gregory K Griggs**

Mailing Address NC AFP - Exec Vice Pres  
PO Box 10278

City Raleigh State NC Zip Code 27605-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NC AFP

Occupation

NC AFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

04 / 09 / 2014

**Transaction ID : C2704716**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Jeffrey Allen Harwood MD**

Mailing Address PO BOX 125  
187 West Main Street

City New London State OH Zip Code 44851-0125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 08 / 2014

**Transaction ID : C2703855**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Eric James Heathers MD**

Mailing Address 767 Riverview Dr

City Kokomo State IN Zip Code 46901-7025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 10 / 2014

**Transaction ID : C2708497**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

715.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 06 / 2014

**Transaction ID : C2702754**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Miyoshi L Henry MD**

Mailing Address 3030 William Tell St

City

Slidell

State

LA

Zip Code

70458-4344

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Slydale Memorial Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715982**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Ann H Hoffmann MD**

Mailing Address W7876 County Road O

City

Mauston

State

WI

Zip Code

53948-9328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : C2709094**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

930.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Martin Hoffmann MD**

Mailing Address W7876 County Road O

City

Mauston

State

WI

Zip Code

53948-9328

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2014

Transaction ID : C2709362

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey J Hoffmann DO**

Mailing Address PO Box 370

City

Guttenberg

State

IA

Zip Code

52052-0370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 23 / 2014

Transaction ID : C2720302

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Susan Hogeland CAE**

Mailing Address Exec Vice Pres CA AFP  
1520 Pacific Ave

City

San Francisco

State

CA

Zip Code

94109-2627

FEC ID number of contributing  
federal political committee.

C

Name of Employer

California Academy of Family Physician

Occupation

Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C2704708

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Po-Yin Samuel Huang**

Mailing Address 2700 Cahuenga Blvd E  
Apt 4109

City State Zip Code  
Los Angeles CA 90068-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

s

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2704174**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Paul Arthur James MD**

Mailing Address 475 Butternut Ln

City State Zip Code  
Iowa City IA 52246-2782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

University of Iowa

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703870**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **c. Chad Duane Johanning MD**

Mailing Address 820 Ravenhill Dr Ste 102  
Suite 102

City State Zip Code  
Atchison KS 66002-9230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Atchison Hospital

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 07 / 2014

**Transaction ID : C2703595**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carla Lee Kakutani MD**

Mailing Address 438 Abbey St

City State Zip Code  
Winters CA 95694-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Medical Group

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2014

**Transaction ID : C2701180**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. David Clark Kerr MD**

Mailing Address 2010 35Th St

City State Zip Code  
Snyder TX 79549-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715995**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Edmund A Kim MD**

Mailing Address 9 Timothy Dr

City State Zip Code  
West Hartford CT 06110-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704514**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Susan Karen Kinast-Porter MD**

Mailing Address 2302 11th St

City

Monroe

State

WI

Zip Code

53566-1811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mercy Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2014

**Transaction ID : C2703867**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Gregory King MD**

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

04 / 25 / 2014

**Transaction ID : C2721524**

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

**C. William Eric Kobler MD**

Mailing Address 6729 Millbrook Dr

City

Rockford

State

IL

Zip Code

61108-4310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OSF Healthcare Systems

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

04 / 08 / 2014

**Transaction ID : C2703890**

Amount of Each Receipt this Period

370.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Peter J Koopman MD**

Mailing Address 1011 Sycamore Ln

City State Zip Code  
Columbia MO 65203-2962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704701**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Anton J Kuzel MD**

Mailing Address PO Box 980251

City State Zip Code  
Richmond VA 23298-0251

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Virginia Commonwealth University

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716274**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Robert B Laibstain MD**

Mailing Address 6072 River Cres

City State Zip Code  
Norfolk VA 23505-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

TPMG - Newport News

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703894**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

980.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lucius Marion Lampton MD**

Mailing Address 111 Magnolia St

City

Magnolia

State

MS

Zip Code

39652-2825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715985**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jay Won Lee MD**

Mailing Address 450 E Spring St Ste 1

City

Long Beach

State

CA

Zip Code

90806-1625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Irvine School of Medicine

Occupation

Associate Clinical Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703810**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Robyn A Liu MD**

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oregon Health & Science University

Occupation

Assistant Professor of Family Medicine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 14 / 2014

**Transaction ID : C2713462**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cathleen G London MD**

Mailing Address 440 W End Ave

City  
New York

State  
NY

Zip Code  
10024-5358

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C2704719

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Catherine McCarthy Md McCarthy MD**

Mailing Address 1140 Monroe Ct

City  
Reno

State  
NV

Zip Code  
89509-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 28 / 2014

Transaction ID : C2722071

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289  
100 Serendipity Dr

City  
Brent

State  
AL

Zip Code  
35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 16 / 2014

Transaction ID : C2715990

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1390.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722037**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Johanna Meyer-Mitchell MD**

Mailing Address 2700 Grant St Ste 200

City

Concord

State

CA

Zip Code

94520-2270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Muir/Diablo Primary Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715986**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Mary Beth Miller MD**

Mailing Address PO Box 1053

City

Saint Francis

State

KS

Zip Code

67756-1053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704704**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

915.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Anne M Montgomery MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 27 / 2014

Transaction ID : C2721939

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dale C Moquist MD**

Mailing Address 4318 Lake Walk Ct

City

Missouri City

State

TX

Zip Code

77459-3268

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.64

Date of Receipt

04 / 09 / 2014

Transaction ID : C2704497

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

**c. Nancy Naghavi DO**

Mailing Address 9307 Shady Lane Cir

City

Houston

State

TX

Zip Code

77063-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 10 / 2014

Transaction ID : C2709712

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

706.66

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Julio E Navarro MD**

Mailing Address 927 Mather Dr

City State Zip Code  
 Bear DE 19701-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : C2725481**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Noreen Ellen O'Shea DO**

Mailing Address 4343 Far Hills Rd

City State Zip Code  
 Sioux City IA 51104-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : C2709713**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Jaime Gabriel Oakley MD**

Mailing Address 1225 E Weisgarber Rd  
 Summit Medical Group, PLLC

City State Zip Code  
 Knoxville TN 37909-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Summit Medical Group, PLLC

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C2715978**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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980.00

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cheri L Olson MD**

Mailing Address 815 10th St S

City

La Crosse

State

WI

Zip Code

54601-4764

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2722058**

Amount of Each Receipt this Period

740.00

Full Name (Last, First, Middle Initial)

**B. Ricardo J Ortega Ortega**

Mailing Address 5519 Rabadi Castle Ave NW

City

Albuquerque

State

NM

Zip Code

87114-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C2721513**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Roanne Michele Osborne-Gaskin MD**

Mailing Address 13 Fox Ridge Cres

City

Warwick

State

RI

Zip Code

02886-1705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Neighborhood Health Plan of Rhode Isla

Occupation

Associate Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 04 / 2014

**Transaction ID : C2702713**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1605.00

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elissa J Palmer MD**

Mailing Address 2410 Fire Mesa St  
Ste 180

City State Zip Code  
Las Vegas NV 89128-9017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704705**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Karla Graue Pratt**

Mailing Address 1239 120th Ave NE

City State Zip Code  
Bellevue WA 98005-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 09 / 2014

**Transaction ID : C2704718**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City State Zip Code  
Bakersfield CA 93301-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

KP-SCPMG

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 21 / 2014

**Transaction ID : C2721397**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1095.00

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David C Rau MD**

Mailing Address 4232 N Riverside Dr

City  
Columbus

State  
IN

Zip Code  
47203-1121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rau Family Medicine

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716009**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**B. Stephanie D Redding MD**

Mailing Address PO Box 1400

City  
Mexia

State  
TX

Zip Code  
76667-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cornerstone Family Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 28 / 2014

**Transaction ID : C2725482**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Eddie Richardson MD**

Mailing Address 153 McGehees Trl

City  
Eatonton

State  
GA

Zip Code  
31024-5786

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2716067**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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935.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City

Dayton

State

OH

Zip Code

45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 28 / 2014

Transaction ID : C2722086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Renee Roy Md Roy MD**

Mailing Address 1812 Whispering Trl

City

Midwest City

State

OK

Zip Code

73130-7048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716069

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Gloria Gloria Ruiz MD**

Mailing Address 1 Enebro Pl

City

Santa Fe

State

NM

Zip Code

87508-8837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 16 / 2014

Transaction ID : C2716013

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

830.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jesse Taylor Schonau**

Mailing Address 9260 Regents Rd Unit G

City State Zip Code  
 La Jolla CA 92037-1494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Information Requested

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 28 2014

**Transaction ID : C2725490**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Alan I Schwartzstein MD**

Mailing Address 929 Harding St

City State Zip Code  
 Oregon WI 53575-2881

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 09 2014

**Transaction ID : C2704713**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Jon C Seager MD**

Mailing Address 602 Church St SW

City State Zip Code  
 North Canton OH 44720-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 09 2014

**Transaction ID : C2704702**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Neel Shah**

Mailing Address 117 N Mechanic St

City

Carthage

State

NY

Zip Code

13619-1252

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2704150**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Lisa Gail Soldat MD**

Mailing Address 6940 NW Beaver Dr

City

Johnston

State

IA

Zip Code

50131-1246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Broadlawns Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 17 / 2014

**Transaction ID : C2717680**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Douglas Alan Spotts MD**

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evangelical Community Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703829**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1230.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Elizabeth Steiner MD**

Mailing Address 3181 SW Sam Jackson Park Rd

City State Zip Code  
 Portland OR 97239-3011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : C2704715**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Glen R Stream MD**

Mailing Address 44818 Oro Grande Cir

City State Zip Code  
 Indian Wells CA 92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Eisenhower Medical Center

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : C2725376**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Maureen P Strohm MD**

Mailing Address 3835 Fairmeade Rd

City State Zip Code  
 Pasadena CA 91107-2229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Eisenhower Medical Center

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : C2716003**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard A Stuntz MD**

Mailing Address 6812 Trinity Landing Dr N

City

Fort Worth

State

TX

Zip Code

76132-3742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 28 / 2014

Transaction ID : C2722049

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Erica Williams Swegler MD**

Mailing Address 300 N Rufe Snow Dr

City

Keller

State

TX

Zip Code

76248-4235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 03 / 2014

Transaction ID : C2671880

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Ohnmar H Thaug MD**

Mailing Address 1721 W Yosemite Ave

City

Manteca

State

CA

Zip Code

95337-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kiezer Permenente

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 28 / 2014

Transaction ID : C2722042

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

748.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Suchmor Thomas MD**

Mailing Address 5126 Candlewood Dr  
Apt 2

City State Zip Code  
League City TX 77573-3190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Emcare

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703881**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Lloyd P Van Winkle MD**

Mailing Address PO Box 960

City State Zip Code  
Castroville TX 78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 24 / 2014

**Transaction ID : C2721406**

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

## **c. Gregg K VandeKieft MD**

Mailing Address 413 Lilly Rd NE

City State Zip Code  
Olympia WA 98506-5133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 23 / 2014

**Transaction ID : C2720301**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

925.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jane A Weida MD**

Mailing Address 1011 Handsome Pl

City State Zip Code  
Lititz PA 17543-9708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 10 / 2014

**Transaction ID : C2708995**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City State Zip Code  
Dahlonega GA 30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Chestatee Regional Hospital

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 05 / 2014

**Transaction ID : C2702740**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Gustav C Wilde MD**

Mailing Address PO Box 773

City State Zip Code  
Franklin NC 28744-0773

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Franklin Family Ppractice

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
04 / 16 / 2014

**Transaction ID : C2715992**

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Charles E Williams MD**

Mailing Address 817 Neuse Ridge Dr

City

Clayton

State

NC

Zip Code

27527-5329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 08 / 2014

Transaction ID : C2703821

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Vincent J WinklerPrins MD**

Mailing Address Georgetown University School of Me  
3900 Reservoir Road NW

City

Washington

State

DC

Zip Code

20007-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medstar Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 08 / 2014

Transaction ID : C2703814

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Ashby Jane Wolfe MD**

Mailing Address 4378 17th St

City

San Francisco

State

CA

Zip Code

94114-1888

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 09 / 2014

Transaction ID : C2704712

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1095.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. kevin Michael wong MD**

Mailing Address 196 Connor Dr

City

Jeannette

State

PA

Zip Code

15644-1162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC PSD

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 01 / 2014

**Transaction ID : C2671362**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Joseph W Zebley MD**

Mailing Address 3810 Juniper Rd

City

Baltimore

State

MD

Zip Code

21218-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Greenspring Medical Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 08 / 2014

**Transaction ID : C2703833**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

43664.91



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2642.89

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2014

Transaction ID : C2721389

Amount of Each Receipt this Period

670.94

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

670.94

670.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. DAVE CAMP FOR CONGRESS**

Mailing Address 20 F St NW  
Ste 500

City Washington State DC Zip Code 20001-6703

FEC ID number of contributing  
federal political committee.

**C** C00347476

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**04 / 30 / 2014**

**Transaction ID : C2725416**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. DONNA CHRISTENSEN CAMPAIGN**

Mailing Address PO Box 5197

City St. Croix State VI Zip Code 00823

FEC ID number of contributing  
federal political committee.

**C** C00320754

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**04 / 21 / 2014**

**Transaction ID : C2719612**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

**/ /**

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

7500.00

**TOTAL** This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2014

Transaction ID : D157382

Amount of Each Disbursement this Period

11.38

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 03 / 2014

Transaction ID : D157383

Amount of Each Disbursement this Period

3.25

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 04 / 2014

Transaction ID : D157384

Amount of Each Disbursement this Period

15.11

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

29.74



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

3.25

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

33.47

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

17.21

53.93

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Mode of Transport	Number of People
Car	7.95
Train	4.0
Bus	2.0
Bicycle	1.0

04 / 02 / 2014

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

336.93

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

344.88

717.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LEADERSHIP FOR TODAY AND TOMORROW**Mailing Address 625 3rd St NE  
Apt 2

City Washington State DC Zip Code 20002-4942

Purpose of Disbursement  
Campaign contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

**Transaction ID : D157436**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hope for Congress**

Mailing Address PO Box 3060

City Arlington State VA Zip Code 22203-8060

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Patrick Hope**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: VA District: 08Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

**Transaction ID : D157441**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. SCHAKOWSKY FOR CONGRESS**

Mailing Address PO Box 5130

City Evanston State IL Zip Code 60204-5130

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Jan Schakowsky**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 09Disbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2014

**Transaction ID : D157439**

Amount of Each Disbursement this Period

3000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 48

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT MICHELLE LUJAN GRISHAM**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Mailing Address 2015 DIETZ PL NW

City	State	Zip Code
ALBUQUERQUE	NM	87107

**Transaction ID : D157438**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Michelle Lujan Lujan Grisham

Category/  
Type

1500.00

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: NM	District: 01	

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

**B. TIM MURPHY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2014

Mailing Address P.O. BOX 24551

City	State	Zip Code
PITTSBURGH	PA	15234

**Transaction ID : D157435**Purpose of Disbursement  
Campaign contribution

Amount of Each Disbursement this Period

Candidate Name

Rep. Tim Murphy

Category/  
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: PA	District: 18	

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State:	District:	

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
14500.00